

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE PALOUSE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 59576

Claim ID: 87-11979

Date Received: 12-19-2019

Receipt No: N035833

Claim Fee: \$250 By: JB

RECEIVED

DEC 19 2019

IDWR/NORTHERN

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

Please type or print clearly

- Name of claimant(s) SAM O'REILLY Phone (208) 875-0775
Mailing address 1005 DUTCH LANE POTLATCH ID 83855
Street or Box City State Zip
Email address (optional) _____
- Date of priority: (Only one per claim) 12/31/1960 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water () or Other (✓) (a) WELL
which is tributary to (b) _____
- Location of point of diversion is: Township 41N, Range 03W, Section 7,
NW 1/4 of NE 1/4, or Govt. Lot _____ BM, County of LATAH;
Parcel no. RP41N03W070017
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.
WELL WITH PIPELINE TO BARN AND STOCK TANKS
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For STOCKWATER purposes from 1/1 to 12/31 amount 0.02 cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.02 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
STOCKWATER USE FOR UP TO 50 HEAD MIXED STOCK

9. Location of place of use is: Township 41N, Range 03W, Section 7,
NW 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. SAME

If different than shown in Item 4

for (check one) **Domestic** () **Stock** (✓) **Domestic and Stock** ()

Additional places of use, if any _____

10. In which county(ies) are lands listed above as place of use located? LATAH

11. Do you own the property listed above as place of use? Yes (✓) No ()

If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None (✓)

13. Remarks (include an explanation of the priority date selected):

YEAR ORIGINAL HOME BUILT PER LATAH COUNTY RECORDS, WAS ALL ONE PROPERTY UNTIL

PARCEL WAS SPLIT AROUND 2008 AND PART SOLD TO SISTER (GOSZ) - THEIR HOME ON WELL ALSO

14. Basis of claim (check one) **Beneficial Use** (✓) **Posted Notice** () **License** () **Permit** () **Decree** ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. **Signature(s)**

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Palouse River Basin Water System Adjudication."

(b.) I/We do () do not (✓) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 2

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s) Sam O'Reilly Date: Dec. 19, 19

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

_____ of _____,
Agent's title (Please print) Name of organization (Please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. **Notice of Appearance:**

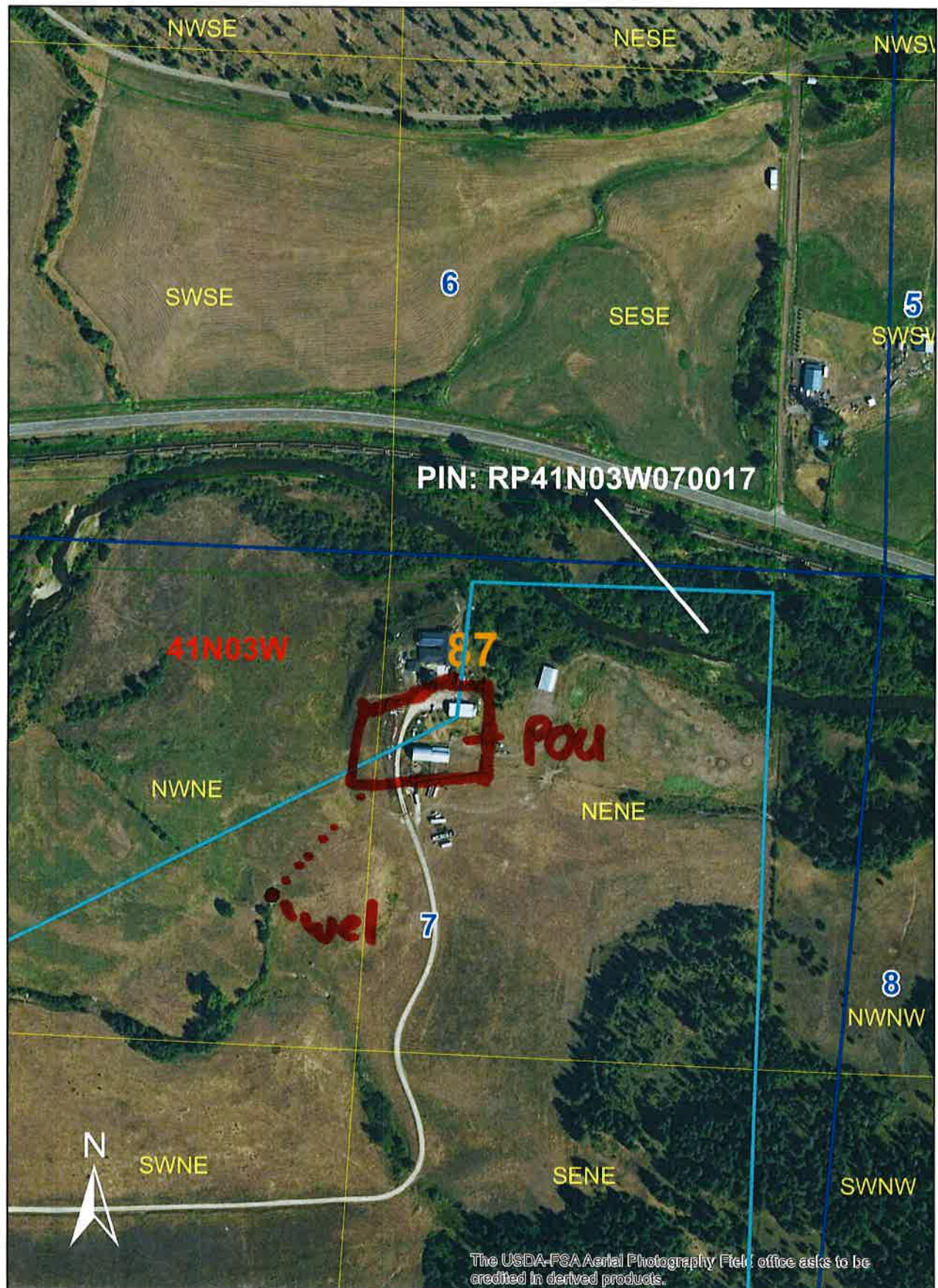
Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) SAM O'REILLY Claim ID _____

PARCEL LOCATION OF PRBA CLAIM



Identify

Identify from:

Tax Parcels

- Tax Parcels

+ GOSZ LIVING TRUST

Location:

2,289,766.044 1,750,196.732 Meters

Field	Value
ID	11249107
UPDATED	6/3/2019
PIN	RP41N03W077507
OWNER	GOSZ LIVING TRUST
ADDRESS1	1084 O'REILLY RD
ADDRESS2	
CITY	PRINCETON
STATE	ID
ZIPCODE	83857
P_ADDRESS	1084 O'REILLY RD
P_ZIPCODE	83855
SUB_NAME	
LEGAL1	33.60 AC TAX #6765 NE 1/4
LEGAL2	7 41 3
LEGAL3	
LEGAL4	
LEGAL5	
LEGAL6	
ACRES	34
COUNTY	Latah
SOURCE	<null>
YEAR_BUILT	1960

Identified 1 feature